

General Information on Bioterrorism*

The most likely agents are:

- Bacillus anthracis (anthrax).
- Yersinia pestis (plague); pulmonary syndrome.
- Francisella tularensis (tularemia); pulmonary syndrome.
- Variola (smallpox).
- Clostridium botulinum (botulism).
- Viral hemorrhagic fevers: Ebola, Marburg, Lassa, etc.

The most common syndromes are:

- Acute respiratory distress with fever.
- Influenza-like illness.
- Gastrointestinal illnesses.
- Skin lesions.
- Acute onset neuromuscular symptoms/signs.

Clues to unnatural occurrences of infections are:

- An unusual increase in numbers of patients presenting with a similar syndrome.
- A large number of fatal cases.
- Clusters of an illness from a single locale or temporally related.
- Any infection that is non-endemic in Washington State.
- Common infections occurring during unusual seasons (i.e. influenza in Washington in summertime).
- Increase in sick or dead animals.
- Intelligence information.

Bioagents versus the Flu

- As several of the bioagents may produce febrile illnesses with respiratory symptoms/signs that could be confused with influenza, during the annual influenza season (December - March) a clinician should consider performing specific, diagnostic tests for the presence of influenza virus or antigen.
- Several rapid diagnostic tests are commercially available and can be performed on sputum samples.
- Viral isolation is also available and may assist in the management of these patients and others in the community (i.e. use of specific anti-influenza medications and vaccine optimization).
- Negative rapid tests do not exclude influenza as a diagnosis, but a positive test will reassure the patient and the health care provider.
- Remember to give Flu vaccines, where indicated by the CDC guidelines.

Bioagent-Specific Infection Control Measures

- Anthrax Standard Precautions.
 - Pulmonary infection is NOT transmitted person to person.
 - Cutaneous infection can be transmitted by drainage.
- Smallpox Airborne Precautions (like tuberculosis).
- Plague Droplet Precautions (standard masks for 72 hours after Rx).
- Botulism Standard Precautions.
- Tularemia Standard Precautions.
- Hemorrhagic Fever Standard Precautions, Airborne Precautions, Droplet Precautions and Contact Precautions to avoid exposures due to excessive hemoptysis, or hematemesis.
 - Treat blood stained material as infectious.

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